



Internal Routing Form

Principal investigator/Project director:

Name: _____

Telephone: _____ Fax: _____

Email: _____

Department: _____

Rank or Title: _____

Sponsor/Funding agency:

Sponsor name: _____

Sponsor type: _____

Sponsor contact name: _____

Sponsor contact title: _____

If subcontract to Framingham State, name of originating funder: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

Email: _____

Submission information:

Due date: _____ Request for Proposal (RFP) no.: _____

Catalog of Federal Domestic Assistance (CFDA) no.: _____

Project information:

Project title: _____

Project Budget: _____ Start date: _____ End date: _____

Cost sharing by college: Yes: () No: () Cash: _____ In-kind: _____

Are indirect costs allowed?: Yes: (), % _____ Amount requested: _____ No: ()



Framingham

State University

Are you requesting a reduced teaching load? Yes: () No: () If so, how much?: _____

Is the cost of the reduced teaching load covered in the grant budget? Yes: () No: ()

Does the project require additional college resources? Yes: () No: ()

If yes, please explain: _____

Compliance information:

Human subjects? Yes: () No: () IRB Protocol Number: _____

Curr. approval date: _____

Vertebrate animals? Yes: () No: () IACUC Protocol Number: _____

Curr. approval date: _____

Additional reviews and attachments:

Does this project include additional key Framingham State University personnel?:
Yes: () No: ()

If yes:

First name: _____ Last name: _____

Department: _____ Project role: _____

Does this project include subcontracts to other institutions?: Yes: () No: ()

If yes:

Subcontract Contact Name/Investigator: _____

Subcontract Contact Title: _____

Name of institution: _____

Telephone #: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip Code: _____



Investigator Certification:

Principal Investigator Certification:

The project costs requested in this application are necessary to perform the grant activities and have been justified in the accompanying narrative portion of the application. The salaries requested reflect the institutional base salary and appropriate escalation factor for each individual to be effective during the proposed time period.

The investigators certify by their signature below that the above statements are complete and accurate.

Principal Investigator: _____ Date: _____
(signature)

Co-Principal Investigator: _____ Date: _____
(signature)

Required Approvals:

Departmental Approval:

The Department Head or Center Director confirms by his/her signature below that the submission of the proposal referenced on this form, including the budget, scope of work and any and all conditions described on additional review attachments, has been approved.

Dept. Head/Ctr. Dir.: _____ Date: _____
(signature)

Dean: _____ Date: _____
(signature)

Executive Staff: _____ Date: _____
(signature)

OGSP Approval:

Office of Grants and Sponsored Programs

OGSP: _____ Date: _____
(signature)

Date Submitted: _____ Date Received: _____

Amended: 5/1/15